

# The Vasco da Gama Movement- reflections and experiences of an exchange programme

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## INTRODUCTION

The Vasco da Gama Movement (VdGM) defines itself as the Network for Young and Future Family Doctors of the European Regional Branch of the World Organisation of Family Doctors (WONCA Europe). The early beginnings of this movement date back to 2002 during preparations for the Junior Doctor Programme initiated by Dr Alphonse Sips, a dedicated Dutch family doctor, as part of the 2003 WONCA Europe Amsterdam Conference. Together with a group of enthusiastic trainees from the Netherlands and support from the European Academy of Teachers in General Practice/Family Medicine (EURACT), Dr Sips went on to develop the first pre-conference meeting for six international groups, each involving trainees and EURACT teachers to serve as guides. This laid the foundations for the development of the VdGM (Vasco Da Gama Movement, 2012; Sloane, 2016)).

The ideals of the movement were set out in 2005 during a meeting that took place in Lisbon, the home of Vasco da Gama, from where he set out on a similar voyage of discovery and thus the name was born. Successful pre-conferences preceding the WONCA Europe Conference have been held annually since. Furthermore, VdGM has continued to grow and expand from then on to include a vast range of other events and activities, all with the aim of improving general practitioner (GP) empowerment, connection and support.

The VdGM seeks to work with doctors who are training in the speciality of family medicine and those in the first five years after qualifying as family medicine specialists. The movement strives to promote the profession of family medicine as innovative, influential and academically robust. This is done by giving young doctors opportunities in expanding their education, research skills, policy-making, leadership qualities and international collaboration. VdGM has a number of mechanisms in place to provide such opportunities. These include a number of exchange opportunities namely the Conference Exchange, the Hippokrates Exchange and the Family Medicine 360°.

The Conference Exchange generally lasts one to two days and takes place within a GP practice/office of a set country in the same period when a family medicine related conference would be taking place. The Hippokrates Exchange offers a lengthier experience within a GP practice/office in Europe which generally lasts a week or more, whilst the Family Medicine 360° programme further widens the horizons, allowing exchanges to happen all over the world and can last up to four weeks. These exchange visits are standardised in order to ensure fulfilment of certain learning objectives, giving doctors the opportunity to learn from one another in a different cultural and socio-economic context. The programme not only seeks to improve the individual's professional development but

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also to entice doctors to be game-changers within their own working environment. A social programme is also organised in order to enhance the intercultural experience and help consolidate new friendships and collaborations. Travel and accommodation is generally financed by the chosen participants. Opportunities are in place for individuals from low income backgrounds to apply for bursaries and benefit from VdGM funds.

The VdGM also hosts a variety of special interest groups allowing for young doctors to develop themselves in issues that they feel passionate about such as research, quality and safety, teaching, health promotion, policy making and migration amongst many others. It also liaises with an extensive number of international organisations including the European General Practice Research Network (EGPRN), the European Rural and Isolated Practitioners Association (EURIPA), and the European Network for Prevention and Health Promotion in Family Medicine and General Practice (EUOPREV).

The pristine work carried out by the VdGM is only rendered possible through the work of its governing bodies. The VdGM council is composed of a number of delegates from countries all across Europe who hold regular meetings and make decisions about strategy, policy and direction. They are also responsible for electing the executive group which is responsible for the maintenance and development of the organisation and enables members to engage with different opportunities provided by the organisation. Each country participating in exchanges also appoints a national exchange co-ordinator who, together with his/her team of assistants, helps organise a host exchange programme and handles applications for exchange visits within his/her country. Currently in Malta a team is being set up to be able to host Malta's first exchange programme.

During 2019, three doctors were given the opportunity to participate in pre-conference exchange visits in Italy, Spain and England. Their experiences are being shared in the next segment of this article.

## **PRE-CONFERENCE EXCHANGE VISIT TO CHIERI, ITALY AND THE 6<sup>TH</sup> VASCO DE GAMA MOVEMENT CONFERENCE IN TORINO, ITALY, 24– 29 SEPTEMBER 2019, TORINO, ITALY BY DR SACHA BUTTIGIEG (GENERAL PRACTITIONER TRAINEE)**

In September 2019 I had the excellent opportunity of participating in a conference exchange programme in Torino, Italy organized by the Vasco da Gama Movement (VdGM) under the auspice of Movimento Giotto which consists of a vibrant team of young doctors working in Italy. The experience consisted of a two day exchange programme followed by a 3 day forum entitled the 6<sup>th</sup> Vasco da Gama Movement Forum, with the latter also having significant organisational input from international members of the VdGM (see Images 1 and 2).

On the day of arrival all seventeen exchange participants from across Europe were invited for an introductory meeting at a local health centre, otherwise known as 'Casa della Salute', which is a privately owned clinic that is funded by the Italian government. A presentation was given by the organising committee which provided a detailed explanation of the Italian healthcare system and a review of the upcoming exchange visit itinerary. A tour of the premises was also given which allowed the participants to appreciate the logistics of the day-to-day running of such a clinic, find out more about the pros and cons of the government funding system as well as learning about working conditions and the out-of-hour service in the Italian primary healthcare system.

The next two days consisted of an experience in a similar health centre in Chieri, a town located 11km southeast of Turin. During this exchange visit I was attached to a senior general practitioner who I shadowed during consultations. I was also invited to see a small number of patients on my own, followed by discussion on a mutually agreed management plan with the senior doctor. This exchange visit was an important learning experience and an eye-opener on a number of levels, especially when observing the doctor-patient relationship overseas. Also, through observation and discussion on management of disease, the similarities and divergent approaches in treatment and access in care were

observed, together with the different subcultures and health belief models and prescribing/dispensing systems in Italy. An appreciation of the benefits of an electronic patient record system was sought.

The exchange programme was followed by a 3 day forum which saw the arrival of hundreds of young doctors (mostly in training or within 5 years of finishing specialisation) coming together for a number of lectures, workshops and tailor-made courses. The topics addressed were varied and invited participants to challenge their thoughts and their day-to-day practice as an opportunity for both individual and collective growth. Some highlights of the forum included discussions on patient empowerment, raising awareness on over-medicalisation, delivering bad news, international opinions on euthanasia, cross-cultural family medicine, shared decision making and improving collegiality and work ethic amongst colleagues.

GP trainees also had the opportunity of participating in an interactive pre-conference course on case-based scenarios using standardised simulated patients and receiving performance feedback from senior clinical teachers. Last but not least, the forum also provided workshops to learn about the special interest groups working within the VdGM such as those on mental health, domestic violence, international health medicine, migrant care, research and emergency medicine. Participants of the exchange programme were specifically given a platform to speak about their experience in the Italian practice they were in. This opportunity allowed for a comparative exercise of different practices across Europe and universal challenges faced in primary healthcare across this continent.

Another important facet to this experience was the social program organized by Movimento Giotto, who scheduled a number of interesting events such as a city walking tour, a visit to the Anatomy Museum of Torino as well as a number of get-togethers at local eateries. Such events helped create room for sharing of ideas in a less formal setting and enabled participants to establish connections in a broader medical community.

I believe that this experience has been highly beneficial for me and I would readily suggest similar opportunities to fellow trainee doctors. I find myself highly motivated and willing to help out in future exchange programmes in Malta. I believe it is worthwhile investing in trainees to attend such events as this not only helps them for personal growth but also serves as an energizing experience that can be helpful in bringing new ideas for improvement that can be implemented on a local level.



**Image 1:** Dr Sacha Buttigieg (4<sup>th</sup> from right) during her exchange visit to Italy



**Image 2:** Dr Sacha Buttigieg (back row, 3<sup>rd</sup> from left) during her exchange visit to Italy

#### **PRE-CONFERENCE EXCHANGE VISIT AND THE 89<sup>TH</sup> EUROPEAN GENERAL PRACTICE RESEARCH NETWORK MEETING IN VIGO, SPAIN, 14 – 20 OCTOBER 2019 BY DR YANICA VELLA (GENERAL PRACTITIONER TRAINEE)**

Vigo is a city on the northwest coast of Spain in the region of Galicia. This is where I had the opportunity to be a part of this exchange programme run by an excellent organisation offering a great experience in terms of clinical exposure, hands-on experience and team-work



(see Images 3 and 4). This experience was shared with another three exchange doctors from Belgium, UK and Portugal.

Upon arrival, we got a brief run-through on how the health care system functions in the region of Galicia. Each foreign delegate was introduced to their assigned GP trainer and trainee for the period of the exchange visit. This was followed by a briefing as to what our respective days were going to entail.

My exchange experience was held in Sardoma, twenty minutes away from Vigo. My mornings consisted of joint clinics with my mentor, where I got to see a mixture of acute and chronic presentations together with disease prevention assessments.

There was also exposure to telephone consultations, home visits and nurse-led clinics. The latter was especially of interest since it was run using an online system, making it very convenient and time efficient for the patient.

The GP I was with had a special interest in ultrasound imaging and held a special afternoon clinic, whereby abdominal ultrasounds were performed to aid in the differential diagnosis of the patient. This aided in the provision of better quality of care and referral to specialist services when warranted.

During one of the morning teaching sessions held, I had the opportunity to present how family medicine is practiced in Malta and comparisons were made with Galicia's system. This session highlighted the importance of recognising what is good and what is bad in each system and how sharing ideas might influence a change to the better of both healthcare systems.

This exchange programme sparked a huge interest amongst local journalists of the region, which led to several foreign delegates being interviewed and the story published in various papers and included in the news on local television.

During my period in Vigo, I attended the 89th European General Practice Research Network Meeting, which focused mainly on community care and how this could be improved. Topics tackled include research in community care and how different modalities of GP training can improve service provision. Also, different

methods on how to reduce anxiety, depression and social isolation in older people were discussed. There were several workshops that touched on various aspects of community care. One workshop that I attended was on the social determinants of health and how these can have an impact on patients, and how we as GPs can support the patient in various ways to help address their medical complaints and overall wellbeing.

I highly recommend this exchange programme as it helped me enrich both my medical and professional experience as a doctor. Having been exposed to a different health care system outside of Malta has given me insight as to what good is already being done in day-to-day practice and what can be improved in the future.



**Image 3:** Dr Yanica Vella (centre) during her exchange visit to Spain



**Image 4:** Dr Yanica Vella (2<sup>nd</sup> from right) during her exchange visit to Spain

**PRE-CONFERENCE EXCHANGE VISIT  
TO MANCHESTER, UNITED KINGDOM  
AND THE ROYAL COLLEGE OF GENERAL  
PRACTITIONERS (RCGP) ANNUAL  
CONFERENCE AND EXHIBITION 2019 IN  
LIVERPOOL, UNITED KINGDOM, 20 - 26  
OCTOBER 2019 BY DR STEPHANIE SCERRI  
(SPECIALIST IN FAMILY MEDICINE)**

Towards the end of October 2019, I participated in a UK exchange programme together with other fellow GP trainees and 'First5' GPs. We were a cohort of 10 exchange trainees, 5 from Europe and another 5 from non-European countries. This exchange visit was organised in collaboration with the Young Doctors' Movements of WONCA, the World Organisation of Family Doctors. The exchange programme consisted of a two-day exchange visit to a UK GP practice, a day sightseeing, followed by the RCGP Annual Conference held in Liverpool (see Images 5 and 6).

For the first two days, I shadowed at 'The Doc's Surgery' set in Oak Street, in Central Manchester. Since this practice was located in central Manchester, it catered for a different cohort of patients from what a typical UK practice would care for, in that most of the patients were relatively young, with the exception of a community of Cantonese elderly who lived in the area. This practice in particular had a special interest in providing a service for LGBTIQ patients and providing sexual health screening to patients registered with this practice.

I started my first day of training by shadowing Dr Joslin, who is one of the main practice partners of the surgery. During this time, I had the opportunity to see how GPs in the UK work, especially how they deal with patients within the 10-minute appointment system and what type of patients they encounter in their day-to-day practice. I was particularly interested in how their electronic patient record system worked, and how record keeping in the national health system (NHS) is interlinked, making continuity of care much easier. A practice of great interest noted at this surgery was that telephone consultations and triaging are reserved solely for the 11am to 12pm period. This reduced the likelihood of interruptions during physical consultations

to a minimum. Furthermore, to cater for cases where doctors were very concerned following telephone conversations with patients, specific appointment slots were kept free for such emergencies.

In the afternoon, I then divided my time with the two practice nurses of the surgery. Both of them have a licence to prescribe. I got to experience first-hand what they do, which ranges from sexual health check-ups to chronic disease management and performing spirometry on patients. The fact that nurses in the UK are able to prescribe means that the workload can be properly delegated between both nurses and doctors, which also helps to deliver a better service to the patients that are registered at the surgery.

On the second day of my rotation, besides sitting with another GP partner of the practice, I had the opportunity to see the administrative side of things. I got to see the excellent work that receptionists and the clerical team do, in easing the doctor's workload, like for example, doing the referrals themselves, giving appointments for annual check-ups and handling complaints.

The remainder of the exchange visit consisted of attending the RCGP Annual Conference, which took place at the ACC Liverpool Conference Centre. The conference consisted of plenary lectures interspersed with parallel sessions. I tried to attend sessions that tackled different themes with the intent of increasing my clinical knowledge, helping to raise awareness of self-care within the work environment, gaining insights on the problems GPs are facing in this



**Image 5:** Dr Stephanie Scerri (2<sup>nd</sup> from left) during her exchange visit to the UK

day and age with the constant evolution of society in general, and discovering how technology can help/ hinder the doctor-patient relationship.

All in all, I consider this exchange visit to have been a very fruitful experience. It has broadened my mind-set as to how Maltese healthcare can improve considerably with more delegation of work amongst different healthcare professionals and with better use of a good electronic record keeping system that can facilitate the overall work of the general practitioner.



**Image 6:** Dr Stephanie Scerri (2<sup>nd</sup> from left) during her exchange visit to the UK

## CONCLUSION

The recent rekindling of interest amongst local GPs in opportunities provided by the Vasco da Gama Movement is surely a welcome change. One hopes that more local GP trainees and young GPs will engage in such experiences in the hope of expanding links to an international GP community. A team of Maltese doctors is also undergoing discussions to create a local exchange programme for foreign GPs who wish to have an experience of the Maltese healthcare system. With such a venture one hopes that the place of the Maltese GP community will be

further consolidated within the VdGM whilst young and future Maltese GPs will find a source of support and inspiration within this movement.

## ACKNOWLEDGEMENTS

Dr Sacha Buttigieg, Dr Stephanie Scerri and Dr Yanica Vella would like to thank the relevant co-ordinators operating within the Malta College of Family Doctors who, through their liaison with Vasco da Gama Movement representatives, facilitated their participation in these exchange programmes.

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